

Division of Laboratory Services 630 Hart Lane Nashville, TN 37216 615-262-6300

https://www.tn.gov/health/health-program-areas/lab.html

Disease/Agent Suspected or Test Requested:

Haemophilus ducreyi (chancroid)

Provider Requirements	Prior notification before submission
Acceptable Specimen Sources/Type(s) for Submission	 Collection from margin of genital lesions Ulcer materials, lymph node aspirates, pus, aspirates from buboes
TDH Requisition Form Number	PH-4182
Media Requirements	Scrape 24-48 hour culture with heavy growth or swab inoculum, transported as subsurface stabs in chocolate agar or Amies transport refrigerated
Special Instructions	 Plunge collection swab into chocolate agar deeps Amies transport refrigerated
Shipping Instructions	Same day delivery or within 2 days of collection
Laboratory Section Performing Testing	Bacteriology
Lab Location(s) Performing Test	Nashville

All infectious substance shipments must conform to U.S. Department of Transportation (DOT) Hazardous Materials Regulations (HMR 49 C.F.R Parts 171-180).